

ADVENTIST HEALTH UKIAH VALLEY
JUNIOR VOLUNTEER APPLICATION

Date _____

Last Name _____ First _____ Mi _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Date of Birth _____

Parent Name: _____

Parent Home Phone _____ Parent Cell Phone _____

I am aware that the Adventist Health Ukiah Valley Junior Volunteer Program requires that I (my child) perform at least one 3-hour volunteer service shift per week. I also understand that the Program requires a one-year commitment of my (my child's) time. I verify that I have (my child has) transportation to complete this Program.

Applicant Signature

Parent Signature

Please attach the following to your application:

- Copy of most recent report card
- Letter of Recommendation from school counselor/advisor/science teacher
- One page, handwritten essay on your reasons for wanting to volunteer at Adventist Health Ukiah Valley

List school and graduation date: _____

If employed, list name of employer and current schedule: _____

Do you have any medical physical limitations that might affect your volunteer duties? ___ Yes ___ No

If yes, please explain: _____

Are you volunteering to fulfill a class requirement or community service credit? ___ Yes ___ No

If yes, please complete the following:

Number of hours required _____ Required Date of Completion _____

Name of Program: _____

Name of Program Supervisor: _____ Phone: _____

Signature of Program Supervisor: _____

Let us know about your previous volunteer experience:

What did you like best/least about your previous volunteer experiences?

Which day(s) of the week and time of day are you available to volunteer?

Have you had a PPD Skin Test for tuberculosis within the past six months?

Yes Date: _____ Pos. Neg.
 No *Please attach copy of results.*

If you have not had a PPD Skin Test in the last six months, your parent must sign below to consent to Adventist Health Ukiah Valley administering the Test.

Parent Name: _____ Parent Phone: _____

Parent Signature: _____ Date: _____

TB Skin Tests are given at no charge through the Adventist Health Ukiah Valley Employee Health Nurse or Adventist Health Ukiah Valley Job Care.

Human Resources will contact you to schedule a time for your Volunteer Health Exam which includes a flu shot and two-step PPD Test. Please list the best phone number and time of day to reach you.

Failure to respond to Human Resources attempts to set your Job Care appointment will affect your volunteer application process.

PERSONAL REFERENCES

Please list persons (employer, teacher, counselor, pastor, co-worker, etc.) who have knowledge of your work/volunteer/academic experience within the last two years. References should be people **who are not related to you.**

Name: _____

Phone: _____ Email: _____

Relationship: _____ Years Known: _____

May we contact this person? Yes No

Other Comments: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ Years Known: _____

May we contact this person? Yes No

Other Comments: _____

Name: _____

Phone: _____ Email: _____

Relationship: _____ Years Known: _____

May we contact this person? Yes No

Other Comments: _____

